

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1766

STATE FILE NUMBER

88994-56

FILED JAN 9 1957

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri - b. COUNTY Scott -			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN -		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base		Length of stay in 1b 3 Days	d. STREET ADDRESS (If outside, give location) -		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALBERT Middle ELVIN Last HIBBS JR			4. DATE OF DEATH Month January Day 2 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 31, 1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) USAF Hospital, Whiteman AFB Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Albert Elvin Hibbs			14. MOTHER'S MAIDEN NAME Anita Lee Hodges			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Albert Elvin Hibbs Address Kool Nestle, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature birth (Neonatal death)					INTERVAL BETWEEN ONSET AND DEATH 37 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) -			
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.			-			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -	20f. CITY, TOWN, OR LOCATION -		COUNTY STATE	
21. I attended the deceased from 31 Dec 56 to 2 Jan 57 and last saw her alive on 2 Jan 57 Death occurred at 1106 A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Robert F. Zarter (Degree or title)			22b. ADDRESS 4236th USAF Hospital Whiteman AFB, Mo		22c. DATE SIGNED 2 Jan 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3 Jan 57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Sedalia,	(State) Missouri	
24. FUNERAL DIRECTOR A. W. Eckhart ADDRESS Sedalia, Mo		25. DATE RECD. BY LOCAL REG. 1/2/57	26. REGISTRAR'S SIGNATURE Carmel L. Beatty			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *D. W. Keckart*

Licensed Embalmer No. *34*

P. O. Address *Leadsden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.